

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HARBOR HOUSE II (0010130)

Address: 1550 ARCADIAN LANE, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 03/01/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0097179 **End Date:** 05/26/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007304 Served 06/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING		
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION		
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS		
83.21(4)(o)	MEDICATIONS		
83.33(2)(a)	SUPERVISION		
83.33(4)	CLIENT GROUP SPECIFIC SERVICES		
83.34(3)(b)1	IDENTIFY THE NEEDS OF THE RESIDENT		

Survey ID: 0095606 **End Date:** 09/19/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0093644 End Date: 10/29/2004 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007047 Served 11/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(e)	ADJUSTMENTS TO FOOD LIKES	09/19/2005	Yes

Survey ID: 0092325 End Date: 04/06/2004 Type: STANDARD Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0090955 End Date: 08/27/2003 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Enforcement History

Date: 11/19/2004 **SOD #**10007047 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 04/06/2006

Date Investigation Completed: 05/26/2006

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/29/2004

Date Investigation Completed: 09/19/2005

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/14/2004

Date Investigation Completed: 11/04/2004

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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